



# ARMY FEE ASSISTANCE

## Provider Cost Verification Form School Children Ages 5 & Above

Provider Name: \_\_\_\_\_

Vendor/TIN # \_\_\_\_\_ Email: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Provider Billing Method

Calendar Month (1st - Final Day of Month) \_\_\_\_\_

4/5 Week Billing: Provide Day of Week \_\_\_\_\_

Family Action: ☐ New Family Enrollment ☐ Rate Change ☐ Attendance Change ☐ Adding Child ☐ Recertification

Printed Name of Qualifying Sponsor: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### Child Information

Child Name \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Does the child qualify for any discounts ☐ Type of Discount \_\_\_\_\_

### Registration / Enrollment Fee

Registration Fee \$ \_\_\_\_\_ Enrollment Fee \$ \_\_\_\_\_ *Maximum Fee to be paid by Army, \$150.00 per child, per provider, per year.*

### Child Enrollment and Care information for School Based Care (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_

	Before School	After School	Before & After School
Daily Rate \$	_____	Weekly Rate \$ _____	Monthly Rate \$ _____
* Is the full day care listed below charged in addition to the Before School, After School or Before & After School Care?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Daily Rate when school is not in session \$			_____

### Child Enrollment and Care information for Summer Enrollment (Please provide cost below after any and all discounts)

Effective/Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ or Weekly Rate \$ \_\_\_\_\_

### Rate/Attendance Changes to be Processed within the Next 12 Months for School Based Care (Please provide cost below after any and all discounts)

Effective Date \_\_\_\_\_

	Before School	After School	Before & After School
Daily Rate \$	_____	Weekly Rate \$ _____	Monthly Rate \$ _____
* Is the full day care listed below charged in addition to the Before School, After School or Before & After School Care?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Daily Rate when school is not in session \$			_____

### Rate/Attendance Changes to be Processed within the Next 12 Months for Summer Enrollment (Please provide cost below after any and all discounts)

Effective/Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Daily Rate \$ \_\_\_\_\_ or Weekly Rate \$ \_\_\_\_\_

Providers who misrepresent information used to calculate Fee Assistance/Child Care Subsidy Benefit may have their Fee Assistance/Child Care Subsidy terminated and would be removed from the GSA Subsidy Administration Program as a qualifying child care provider.

Printed Name of Qualifying Child Care Provider completing this form \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of Provider completing this form \_\_\_\_\_

Date \_\_\_\_\_

\*Child care rates & fees must be submitted to the GSA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

GSA Subsidy Administration Section  
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ARMY 2015-01